PRESCRIPTION PAD REQUESTS

Please email:

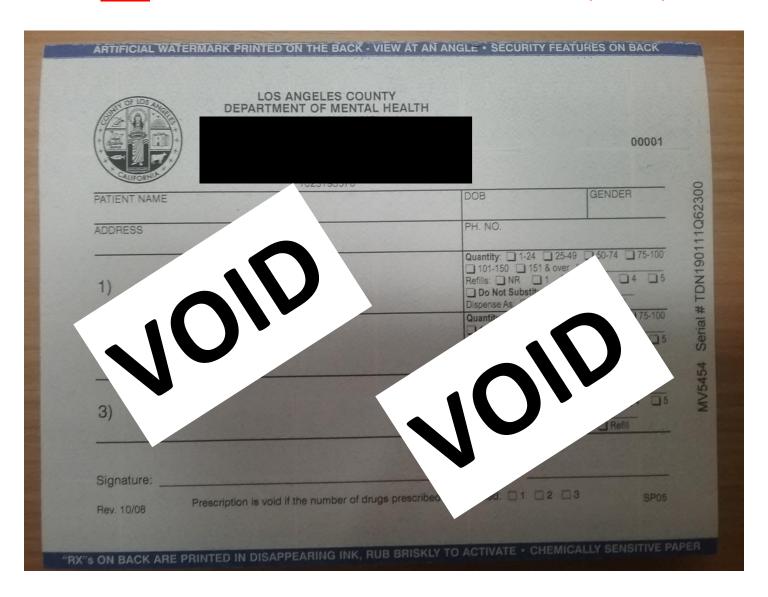
<u>Hhendrawan@dmh.lacounty.gov</u> or <u>PrescriptionRequest@dmh.lacounty.gov</u>

In ·	the	email.	please	include	the	foll	owing:
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Doctor name:	
Clinic name:	
Clinic Address (please include suite/room number, if appl	icable):
Phone number:	
DEA License. #:	
CA License #:	
NPI #:	

- *<u>Please note</u>, Controlled Substance prescription pads will be delivered to the address registered with the DEA, which MUST be the address of the prescriber's <u>current</u> DMH work location. The order will not be approved by Pharmacy Services if the address registered with the DEA is not the prescriber's DMH work location.
- · ONLY one set will be ordered which includes 8 pads/100 prescriptions per pad.
- Pharmacy Services will review the order and will contact the ordering staff for clarification if there are any discrepancies in the above procedures. Delivery should be within approximately <u>three weeks</u>.
- · Prescription pads will be sent by the vendor directly to the program site.
- Program staff MUST fax a copy of the order delivery receipt to Pharmacy Services at (213) 637-2550 within *five* days of having received the order.
- <u>Note</u>: DMH *does not* order prescription pads for DMH Contractors. For newly hired prescribers and Locum, orders can be placed once they arrive at their new worksite.

NEW PRESCRIPTION PAD FOR CONTROLLED SUBSTANCES (SAMPLE)



PRESCRIPTION PAD FOR <u>NON</u>-CONTROLLED SUBSTANCES (SAMPLE)

17	LOS ANC	7, MH0	F MENTAL HEALTH C-UCC, 10059 (310) 668-4272	
Patient Name			D.O.B	w
Address		Primary Insur	rer	
Rx	7			
				49-د. 50-74
				_ 75-100
		\bigcap		☐ 101-150 ☐ _ 151+
		V		Refills: None
				☐ 2 ☐ 3
			□ no N	T SUBSTITUTE
X		DATE		ORKER'S COMP
Prescription is v.	Julica	ation is written per blank.		
Printed Name		DEA#	License#	
NOT VALID FOR CONT	TROLLED SUBSTANC	ES		RXLF113-15